FORM D

SEC Wall Processing Section

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washin

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gton, D.C.	20549		

OMB APPROVAL						
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Washington, DC 101

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY							
Prefix	Serial						
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DATE RECEIVED							
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Name of Offering (check if this is an amend Shares of Altima Asia Fund Limited	ment and name has change	d, and indicate change	e.)	
Filing Under (Check box(es) that apply): Type of Filing: New Filing	Rule 504 Rule :	505 🛮 Rule 5	06 Section 4(6) ULOE
	A. BASIC IDENT	FICATION DATA	·····	
1. Enter the information requested about the iss	suer	-		
Name of Issuer (check if this is an amendment Altima Asia Fund Limited	nt and name has changed, a	and indicate change.)		
Address of Executive Offices c/o Ogier Fiduciary Services (Cayman) L PO Box 1234GT Grand Cayman, Cayma		use Church St.	Telephone Number 1 345 945 6264	
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (if different from Executive Offices)				08056785
Brief Description of Business				_
Private Investment Fund investing in affiliate	d Altima Asia Master Fu	nd Limited		
· ·	ship, already formed ship, to be formed	other (please spec	cify): Exempted Comp	any
Actual or Estimated Date of Incorporation or Organization:	Month ganization: 01 (Enter two-letter U.S. Po	stal Service abbreviat		

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Promoter Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Baker, Scott Business or Residence Address (Number and Street, City, State, Zip Code) c/o Ogier Fiduciary Services (Cayman) Limited Queensgate House Church St. PO Box 1234GT Grand Cayman, Cayman Islands British West Indies Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Farrell, Gavin Business or Residence Address (Number and Street, City, State, Zip Code) c/o Ogier Fiduciary Services (Cayman) Limited Queensgate House Church St. PO Box 1234GT Grand Cayman, Cayman Islands British West Indies ☐ Executive Officer □ Director General and/or Check Box(es) that Apply: Promoter Beneficial Owner Managing Partner Full Name (Last name first, if individual) Sargison, David Business or Residence Address (Number and Street, City, State, Zip Code) c/o Ogier Fiduciary Services (Cayman) Limited Queensgate House Church St. PO Box 1234GT Grand Cayman, Cayman Islands British West Indies Check Box(es) that Apply: Promoter Beneficial Owner □ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ General and/or ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) □ Director ☐ General and/or ☐ Executive Officer Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

_			<u></u>		E	B. INFOR	MATION	ABOUT	OFFERI	NG					
1.	Has the issu	er sold, or	does the is	suer intend	to sell, to	non-accre	dited inve	stors in thi	s offering?	?			******************	Yes	No
									\boxtimes						
Answer also in Appendix, Column 2, if filing under ULOE.									\$5,000,000*						
2. What is the minimum investment that will be accepted from any individual? *(subject to the sole discretion of the Director's to accept lesser amounts, provided the minimum is in compliance with Cayman Island Law.)									<u>\$210001</u>	000					
3.														Yes	No
		-	-	-	_										
4.	remuneration person or a	on for solic gent of a b 5) persons t	itation of proker or de	ourchasers aler regist	in connec	tion with s the SEC a	sales of seand or with	curities in a state or	the offering states, list	ig. If a pe the name	rson to be of the bro	listed is a ker or dea	on or similar n associated der. If more nat broker or		
Fu	ll Name (Last	name first,	if individu	ıal)											
	siness or Res D Park Aven		•			State, Zip	Code)							·	
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Sta	tes in Which	Person List	ed Has So	licited or I	ntends to S	Solicit Puro	chasers								
	(Chec	k "All State	es" or check	k individu:	al States)									🔯 A	.II States
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Fu	Il Name (Last				[17.]	[0.1]									
	siness or Res 0 - 388 Gree					State, Zip	Code)							-	
	me of Associ tiGroup Glo						-							_	
Sta	tes in Which	Person List	ed Has So	licited or I	ntends to S	Solicit Puro	chasers	·							
	(Check "A	l States" or	check ind	ividual Sta	tes)		•••••							🛛 A	All States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Fu	ll Name (Las	name first	, if individ	ual)											
	siness or Res 5 Park Aven				reet, City,	State, Zip	Code)								
	me of Associ			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				_							
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers															
(Check "All States" or check individual States)								🛛 A	All States						
	(AL) [IL] [MT] [RI)	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] (PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Business or Residence Address (Number and Street, City, State, Zip Code) 60 Wall Street New York, New York 10005 Name of Associated Broker or Dealer Deutsche Bank Securities Inc. Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) [HI] [ID] [GA] [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [MS] [MI] [MN] [MO] [KY] [ME] [MD] [MA] [N][KS] [LA] [IL] [IA] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [NH] [MT] [NE] [NV]

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1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price		Amount Already Sold
	Debt	\$	_	\$
	Equity	\$	_	\$
	☐ Common ☐ Preferred			
	Convertible Securities (including warrants)	\$		\$
	Partnership Interests			\$
	Other (Specify <u>Participating Shares</u>)	\$500,000,000		\$5,000,000
	Total	\$500,000,000	_	\$ <u>5,000,000</u>
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	1	_	\$5,000,000
	Non-accredited Investors			\$
	Total (for filings under Rule 504 only)			\$
	Answer also in Appendix, Column 4, if filing under ULOE.			-
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.	T		Dellas Amount
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505			\$
	Regulation A		_	\$
	Rule 504			\$
	Total			\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			\$
	Printing and Engraving Costs			
	Legal Fees			
	Accounting Fees			
	Engineering Fees			
	Sales Commissions (specify finder's fees separately)			\$
	Other Expenses (identify)			\$
	Total		\boxtimes	\$
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."			\$ <u>499,990,000</u>
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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 5. Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b above. Payments to Officers, Directors, & Payments to Affiliates Others □ \$_____ Salaries and fees □ s □ **\$**_____ **S**_____ Purchase of real estate □ s Purchase, rental or leasing and installation of machinery and equipment **S**_____ Construction or leasing of plant buildings and facilities..... Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets □ \$_____ of securities of another issuer pursuant to a merger) □ \$_____ □ \$____ Repayment of indebtedness □ \$_____ Working capital Other (specify): Investment Capital □ \$_____ Column Totals **⊠** \$499,990,000 Total Payments Listed (column totals added)..... 499,990,000 D. FEDERAL SIGNATURE The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502. Issuer (Print or Type) Signature Altima Asia Fund Limited Title of Signer (Print or Type) Name of Signer (Print or Type) Director Baker, Scott

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

END